constituted to deliberate upon the issue of setting up the proposed National Council. The Task Force shall submit its report to the Ministry by 31st July, 2009.

Shortage of doctors

3123. SHRI MOHD. ALI KHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether country is short by six lakh doctors, 10 lakh nurses and 2 lakh dental surgeons;

(b) if so, the details thereof;

(c) the reasons for such shortages; and

(d) the steps initiated to recruit the staff according to the country's requirement especially in Andhra Pradesh by giving them sops in rural and backward areas?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (d) As per information furnished by Medical Council of India, the total number of registered allopathic doctors in the country is 7,33,617. Currently, there are 299 medical colleges in the country for teaching modern system of medicine with annual intake of 35, 152 who add up to the existing medical manpower. Further, there are 24,893 dental surgeons in India. The National Rural Health Mission has been operationalised with the aim of providing accessible and reliable primary health care facilities especially to poor and the vulnerable section of the population. Medical Council of India regulations are being amended to rationalise land requirement, student-teacher ratio, allowing public-private partnership which will facilitate setting up of more medical colleges and increase the number of doctors. This Ministry has proposed to, set up a National Council for Human Resources in Health as an overarching regulatory body for the health sector to reform the current regulatory framework and enhance supply of skilled personnel. A Task Force under the chairmanship of Union Secretary (Health and Family Welfare) has been constituted to deliberate upon the issue of setting up the proposed National Council. The Task Force shall submit its report to the Ministry by 31st July, 2009.

As per the Bajaj Committee recommendations of nursing staffing norms for Hospital and community/services, 10.43 lakhs nurses would be required by 2012. With the existing training capacity 6.84 lakhs nurses are expected to be trained by 2012.

Free medical services

3124. SHRI MOHD. ALI KHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the expenditure incurred by poor population to meet their medical needs amount to about 42 per cent of GDP;

(b) if so, the facts thereof; and

(c) the steps Government is taking to give free medical services at every hospital in urban and rural areas in each State especially in Andhra Pradesh?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) No,

(b) Does not arise

(c) "Health" is a state subject and it is the primary responsibility of the State Government to ensure adequate and accessible health care to its citizens. Central Government only supplements the efforts of the State Government through funding under Central and Centrally sponsored Schemes. With a view to provide accessible, affordable and accountable health care facilities to all sections of the people, the Union Government has launched the National Rural Health Mission (NRHM) in 2005. The Mission is under implementation throughout the country including Andhra Pradesh.

NRHM makes adequate provision for all health facilities to achieve the Indian Public Health Standards (IPHS) as per facility specific requirement *viz*, Sub Centre (SC), Primary Health Centre (PHC), Community Health Centre (CHC) and District Hospital (DH) which includes generic drugs/medicines, diagnostic care, referral transport etc.

Funds are released for health facilities in the State, as per their requirement reflected in the Annual state Programme Implementation Plan, which is appraised and approved by the National Programme Coordination Committee under NRHM.

In the context of Andhra Pradesh, the State Government, apart from routine programmes, have also introduced the following schemes to cater to health needs of poor people:—

(i) **Aarogyasri**: The scheme provides to each family financial protection upto Rs. 2.00 lakhs in a year for medical treatment. All Below Poverty Line ration card holders (white cards) are eligible for benefit. The Aarogyasri scheme enables poor patients in Andhra Pradesh to avail State assistance for catastrophic health expenditure and for treatment in cashless manner both in private and Government sector. Coupled with existing health care services in Government sector, this scheme is able to meet total health needs of the poor people of the State.

(ii) **Emergency Health Transportation Scheme** (108): To improve access of rural poor to hospital services in times of emergence, particularly in respect of maternal, neonatal and infant emergencies, a Rural Emergency Health Transport Service has been launched. The scheme is operated through a toll free line 108 which can be accessed by any one in need of help from any location throughout the State.

(iii) **Fixed Day Health Services (104 mobile)**: The scheme aims to provide the last mile health care to the rural population that are located beyond 3 kms/of existing Primary Health Centers for reducing maternal and child mortality and treatment of chronic ailments.

Specialist doctors visiting CGHS dispensaries in outlying areas

3125. SHRI VARINDER SINGH BAJWA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that specialist doctors visiting CGHS dispensaries in outlying areas don't devote full duty hours there, thereby putting the patients to inconveniences;

(b) what are their duty hours during their visits to dispensaries and what check is exercised to ensure that they devote full hours of duty and do not restrict to examine only 20-25 patients on a day, for which the dispensaries are required to maintain rosters which are un-necessary; and

(c) whether instructions would be issued to examine all patients of the concerned dispensary who report upto 11.00 a.m. as is done in the hospitals?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) Reports have been received about CGHS wellness centre (earlier known as dispensary) at NOIDA regarding inadequate consultations with specialists.

2. Medical specialists appointed against posts in CGHS, Delhi, are posted in Safdarjung Hospital and Dr. Ram Manohar Lohia Hospital. The working hours in these hospitals are 0900 hours to 1600 hours. These specialists visit CGHS Wellness Centres on rotation basis, to attend to patients between 0900 hours and 1330 hours. After finishing their engagements in the wellness centres, these specialists return to the hospitals in which they are posted.

3. As the time of visit by the specialists is fixed, prior appointments are fixed on the appointed day for consultations. As specialists are required to devote adequate time to each patient to diagnose the illness and to suggest the further course of treatment to be taken by the patient, it will be difficult for the specialists to see unlimited number of patients in a day. However, if, after consultations with all the patients fixed for the day is completed and there is still time, specialists do see patients who could not get appointment for consultation.

4. The arrangement of specialists visiting the Wellness Centres is in addition to the consultation being done at Government hospitals in Delhi.

5. CGHS cities outside Delhi do not have the facility of Central Government hospitals. Polyclinics are being run by the CGHS in many cities from where specialists function and their hours of functioning are 0730 hours to 1330 hours.